

**NOTIFICATION OF ACTION ON OMB INFORMATION  
COLLECTION CLEARANCE REQUEST**

TITLE

OPR

PROGRAM OFFICE

In accordance with the Paperwork Reduction Act, the following action has been taken on your request for clearance. Information collection requirement is:

☐ **APPROVED THROUGH** \_\_\_\_\_ *(Date)* ☐ **RCS/OMB NUMBER ASSIGNED** \_\_\_\_\_

☐ **DISAPPROVED** *(State reason):*

The RCS/OMB number must appear in the upper right hand corner of the first page of the report form or on the first page of the regulation, manual or other document incorporating the information collection request. The burden hours per respondent must also be included on the first page of the form.

REMARKS

FOR FURTHER INFORMATION CONTACT: